UNFPA in 1997 urging all countries to switch to auto-disable syringes by 2003;

(b) if so, the details thereof;

(c) whether Government have issued guidelines for use of auto-disable syringe in Hepatitis-B vaccination campaign;

(d) if not, the reasons therefor; and

(e) whether Government propose to do so now?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) There is no proposal as yet to make use of auto-disposable syringes mandatory for all injections.

(b) Does not arise.

(c) to (e) On the advice of World Health Organization-UNICEF-UNFPA a pilot project has been launched under the Universal Immunization Programme for the introduction of Hepatitis-B Vaccine in 15 cities and 32 districts. The injectable vaccine will be given with auto-disable syringes under the said project.

Two-child norms

1959. SHRI N.K. PREMACHANDRAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government propose to bring any change in the Population Policy by introducing the two-child norm;

(b) the reaction of Government thereto;

(c) the number of States which have introduced their own Population Policy in violation of the Central Policy and the details of incentives, disincentives and coercive measures adopted by those States;

(d) whether the Government of Kerala has adopted two-child norm as part of its Population Control Programme;

(e) whether Government propose to unify the Population Control Programme applicable to all States; and

(f) the reaction of Government thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The National Population Policy adopted by Government of India in February, 2000 advocates for adoption of small family norm. The Government do not propose any change in the Policy.

(c) So far, State Population Policies have been adopted by Andhra Pradesh (1997), Rajasthan (December, 1999), Madhya Pradesh (January, 2000), Uttar Pradesh (July, 2000), and Gujarat (March, 2002) with state specific goals and strategies. A Statement giving details of incentives and disincentives included in these policies is given *(See* below).

(d) to (f) Government of Kerala is in the process of formulating a population policy. All the States have advised to devise their strategies and programme in harmony with the National Population Policy, 2000 for reducing birth rates and achieving population stabilization.

Statement

State Population Policies and details of incentives and disincentives

Unit/Criteria	Nature of Incentives/Disincentives
Andhra Pradesh	(a)
(a) District/Gram Panchayat/ Village level for:	
(i) Exceeding protection of couples under family welfare programme beyond a fixed percentage, say 60%	(i) Such incentives will be provided in the shape of additional works, school buildings, etc. and by setting apart a portion from the overall funds available under schemes such as JRY, EAS, RWS, etc.
(ii) 100% ante-natal coverage of women members... and on the percentage of eligible	(ii) Every village which achieves the performance level..... will also be selected

Unit/Criteria	Nature of Incentives/Disincentives
couple-members who are protected under FWP	for full coverage under schemes such as TRYSEM, low cost sanitation scheme and weaker section housing scheme.
(iii) Best performing district... best performing primary health centre and ... best performing gram panchayat	(iii) Performance in funding of DWCRA groups (iv) Rolling shield at every level
(b) Individual level for:	(b)
(i) 3 couples per district with two girl children adopting permanent method of family planning or with one child adopting parmanent method or with two or less children adopting vasectomy	(i) An award of Rs. 10,000 each to three couples per district by lucky dip
(ii) Acceptors of permanent methods at district and mandal level	(ii) Similar prizes with local contribution
(iii) Acceptors of sterilisation with (in priority): * two girl children, one child adopting vasectomy, acceptor with one child, acceptor with two children adopting vasectomy, acceptor with two children	(iii) Preference will be given in schemes such as assignment of land, allotment of surplus agricultural land, assignment of house sites and houses, IRDP, SC Action Plan, BC Action Plan, TRYSEM, PMRYCMYER etc.
(c) Best Service Providers for:	(c) Chief Minister's Gold Medal
(i) District Health Officer, medical officer, mass media functionary, female health	➢ Awards presented on World Population Day ➢ Cash awards

Unit/Criteria	Nature of Incentives/Disincentives
supervisor, male health worker, NGO for innovative strategies (ii) At district and mandal level (iii)Team of service providers who have achieved a performance level which is above a prescribed minimum standard	(d) Government to examine the desirability of limiting incentives such as LTC and educational concession for the first two children only. Government will also examine the desirability of restricting family planning incentives to all acceptors of sterilisation to an equal one-time benefit. Government will explore the possibility of modfying the service rules and promotion policies such that adoption of two child norm is encouraged.
(d) Government employees to serve as role models as that they may give lead in adopting two child norm	
RAJASTHAN	
Population Stabilisation Goals: ♦ The goal has been set to achieve replacement level fertility by the year 2016. Though difficult, it is essential to attain the objective. With this in view, the rate of contraceptive use has to be increased to 68% by the year 2016 ♦ All over the State to promote small family norm.	Age at Marriage: Observance of the minimum age of marriage to be made compulsory for availing of government facilities and services Stiffer penal provisions for violation of the legal age at marriage

Unit/Criteria	Nature of Incentives/Dishcentives
♦ Symbolic awards for good performance	Ensuring strict enforcement of Sarda Act, Pre-Natal Diagnostic Technique Act, etc.
♦ Government employees to encourage two child norm. ♦ Service providers	In case of panchayati raj institutions/municipalities where the candidates having two or more children are ineligible to contest elections.The same provisions can also be considered for other elected bodies like cooperative institutions and as a service condition to State Government employees.
	The legal provisions barring people with more than two children from elections to panchayats and municipal bodies is a testimony of the firm political will and commitment towards population control.
	Provision of certificate of excellence at district level to various classes of Government employees, and voluntary and social organisations for outstanding achievements.
.	Linking part of the sanction of various development works/ schemes with the level of achievement of the population policy. A policy decision has been taken to discontinue the incentive scheme (even to service providers and sterilisation acceptors)
	It will be useful to give symbolic awards for good performance and initiate efforts to minimize laxity and negligence.

Unit/Criteria	(Mature of Irreritjves/Disincentjves
UTTAR PRADESH	
Objectives ♦ The main objective of the Population Policy is to reach the replacement level of fertility of 2.1 by 2016. For this purpose, the contraceptive prevalence* rate by modern methods must Increase from 22% in 1998-99 to 52% in 2016 fertility and contraceptive behaviour are inextricably linked to infant and child mortality. To achieve population stabilisation, there is an urgent need to reduce the infant mortality rate and also the maternal mortality ratio (while the State policy does not indicate incentives/disincentives, some of the steps suggested to achieve the objective need to be examined) ♦ Role of panchayats in programme implementation	Reduction in fertility: Increase use of modern contraceptive methods from 22% in 1998-99 to 46% in 2011 and to 52% in 2016 by improving the demand, quality and access dimensions of the family planning programme Encourage all couples with unmet need to use terminal or spacing methods...increase the number of new users of sterilisation services to at least 10 lakh couples. ♦ Panchayats would be responsible for recording marriages in addition to births and deaths. This data would be shared with the grassroot level workers to help them provide RCH services, including family planning. ♦ Of the total financial resources allocated to PR institutions, 10% will be earmarked for performance based disbursement; particularly for performance in the areas of reproductive and child health services and female education. ♦ Those panchayats whose performance best meets clients RCH needs will be honoured by the Chief Minister and given special development grants tor community assets.

Unit/Criteria	Nature of IncentivesDisincentives
MADHYA PRADESH	
Objective	
♦ The main objective of the Population Policy is to reach a TFR of 2.1 by 2011. Contraceptive prevalence must increase from the present rate of 42% to around 65% in 2011	To increase the age at marriage for women, the Government will enact a Compulsory Marriage Registration Act and will conduct special compaigns with the help of Government departments, non-Governmental organisations, and panchayati raj institutions to inform the public. In addition, the legal age at marriage will be made a criterion for those seeking jobs, especially public jobs....admission in educational institutions applying for loans, etc.
♦ Creating a conducive environment by following two child norm and other rules Empowering women	
♦ Mobilizing community support.	♦ From 26th January, 2001, persons marrying before legal age at marriage will not be eligible to seek Government employment in M.R
	♦ Persons having more than 2 children after 26th January, 2001 would not be eligible for contesting elections for panchayats, local bodies, mandis or cooperatives in the State. In case they get elected and in the mean time they have the third child, they would be disqualified for that post.

Unit/Criteria	Nature of Incentives/Disincentives
	♦ The girl child scheme like Rajlakshmi to ensure retention of girls in schools and to prevent child marriages will be launched in the State with the help of financial institutions. ♦ Awards will be given in the field of community support for population stabilisation at all levels for the best performing health institutions, individuals and panchayat raj institutions every year. ♦ Rural development schemes, particularly those dealing with infrastructure, will be linked with family planning and reproductive health performance.
GUJARAT	
Objective The State will strengthen health care infrastructure and support systems to improve access to these services to reduce the total fertility rate from its current level of 3.0 to replacement level of fertility 2.1 by the year 2010. ♦ Increase contraceptive prevalence from 54.2 per cent to an average of 70 per cent.	♦ Encouraging local bodies including the panchayats to more purposefully get involved in health. population -end development programmes by sharing resources with accountability. ♦ Involving arogya samitis in conducting need assessment surveys, carrying out resource planning, conducting health and hygiene programmes, monitoring collection of vital data/statistics with special emphasis on infant and

Unit/Criteria	Nature of Iricentives/Disincentives
♦ Reduce infant mortality rate from 63 to 16 per 1000 live births. ♦ Reduce maternal mortality rate for 389 in 1992-93 to less than 100 per 100,000 live births.	maternal deaths, organizing population educational information building programmes and act as pressure groups to enable mobilization of personnel. ♦ Involving Panchayati raj training institutes in capacity building of panchayat members particularly women members for management of health and population programmes. ♦ Constitution of Gujarat Population Commission to oversee the implementation of the policy; review the progress to ensure that the set goals as envisages in the policy document are achieved.

HIV-Free Certificates for foreigners

1960. SHRI RAMA MUNI REDDY SIRIGIREDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether with a view to checking the spread of HIV virus Government propose to insist on HIV-free certificates from foreigners visiting India;

whether the Ministry of Tourism and the Ministry of External Affairs have been consulted in this regard;

if so, what is their reaction; and

by when a final decision is expected to be taken?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) As per policy of the Government, all foreigners, intending to stay for more than one year in India and those